

FAX TRANSMISSION**DATE:** January 22, 2007**PTO IDENTIFIER:** Application Number 09/445,304-Conf.#: 9790
Patent Number**Inventor:** Shiro Fujieda**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** 571-273-6928 (ATTENTION: MS. LILLIE, SPE)**FROM:** DICKSTEIN SHAPIRO LLP

Steven M. War, Esq.

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Attorney Dkt. #: K0600.0208/P208**PAGES (Including Cover Sheet):** 10xc**CONTENTS:** Facsimile Transmission (as initially sent 1/12/07) (1 page)
Certificate of Transmission (as initially sent 1/12/07) (1 page)
Transmittal Form (1 page)
Fee Transmittal (1 page)
Request for Continued Examination (1 page)
Petition to Withdraw Application From Issue (2 pages)
Credit Card Payment Form (PTO-2038) (1 page) - Charge \$920.00 to credit card
(\$790 for RCE; \$130 for Petition to Withdraw Application From Issue)

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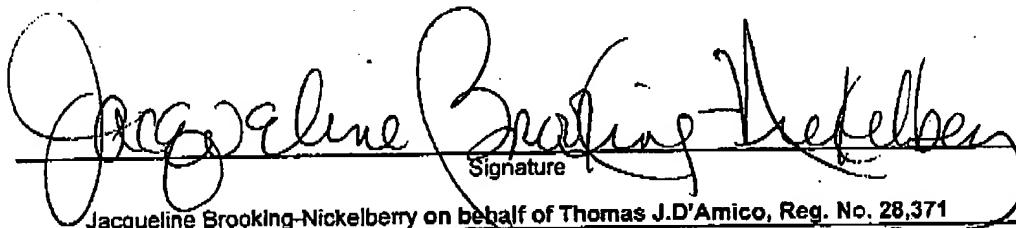
Application No. (if known): 09/445,304

Attorney Docket No.: K0600.0208/P208

Certificate of Transmission under 37 CFR 1.8

I hereby certify that the following documents: Transmittal (1 page), Fee Transmittal (1 page), Request for Continued Examination (RCE) (1 page); Petition to Withdraw Application From Issue (2 pages), Credit Card Payment Form (PTO-2038) (1 page), Information Disclosure Statement (2 pages), PTO SB08 (1 page), Japanese Patent JP-5-81155 (Application number 03-2339902) (6 pages, and a Machine-English Translation of JP5-81155 (4 pages) attached hereto is being facsimile transmitted to the United States Patent and Trademark Office.

on January 12, 2007
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Jacqueline Brookling-Nickelberry on behalf of Thomas J.D'Amico, Reg. No. 28,371

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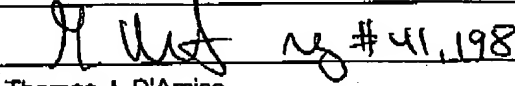
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/445,304-Conf. #9790
	Filing Date	December 6, 1999
	First Named Inventor	Shiro Fujieda
	Art Unit	2624
	Examiner Name	Samir Anwar AHMED
Total Number of Pages in This Submission	Attorney Docket Number	K0600.0208/P208

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) PTO-2038 (Credit Card Payment Form) PTO SB08 (1 page)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DICKSTEIN SHAPIRO LLP		
Signature			
Printed name	Thomas J. D'Amico		
Date	January 12, 2007	Reg. No.	28,371

PTO/SB/17 (07-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete If Known Application Number 09/445,304-Conf. #9790 Filing Date December 6, 1999 First Named Inventor Shiro Fujieda Examiner Name Samir Anwar AHMED Art Unit 2624 Attorney Docket No. K0600.0208/P208	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 920.00			

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims - 68 = _____ x _____ = _____ HP highest number of total claims paid for, if greater than 20.	Extra Claims - 12 = _____ x _____ = _____ HP highest number of independent claims paid for, if greater than 3.	Fee (\$) _____	Fee Paid (\$) _____	Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequences or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/50	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Other (e.g., Late Filing Surcharge):	RCE	790.00
Other (e.g., Petition Fees):	Petition to Withdraw Application From Issue	130.00

SUBMITTED BY			
Signature	<i>Thomas J. D'Amico</i>	Registration No. (Attorney/Agent)	28,371
Name (Print/Type)	Thomas J. D'Amico	Telephone	(202) 420-2232
		Date	January 12, 2007